

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Reform California		Date of This Filing 06/16/2017	Date Stamp Page 1 of 3	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (858)217-6112	I.D. NUMBER (if applicable) 1268914	Report No. 12366-70604		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Diego	STATE CA	ZIP CODE 92119		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Senate District 29 Recall			
OFFICE SOUGHT OR HELD/DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER TBD	JURISDICTION Statewide	SUPPORT X	OPPOSE

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
06/03/2017	LODGING FOR SIGNATURE GATHERERS	\$744.92
06/03/2017	SOCIAL MEDIA ADS	\$752.36
06/04/2017	FOOD FOR SIGNATURE GATHERERS	\$562.41
06/04/2017	GAS FOR SIGNATURE GATHERING	\$55.86
06/04/2017	SIGNATURE GATHERING	\$3,850.00

Reason for Amendment:

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Reform California			Date of This Filing 06/16/2017 Report No. 12366-70604 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 3	Date Stamp Page 2 of 3	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (858)217-6112		I.D. NUMBER (if applicable) 1268914			
STREET ADDRESS					
CITY San Diego	STATE CA	ZIP CODE 92119			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Senate District 29 Recall			
OFFICE SOUGHT OR HELD/DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER TBD	JURISDICTION Statewide	SUPPORT X	OPPOSE

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
06/04/2017	TABLES FOR SIGNATURE GATHERING	\$400.00

Reason for Amendment:

Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

CALIFORNIA
FORM 496

NAME OF FILER
Reform California

I.D. NUMBER (If applicable)
1268914

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
6/3/2017	Ayers Suites Yorba Linda Yorba Linda, CA 92887	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$931.15	If loan, enter interest rate, if any _____%
6/4/2017	Donald G. Bixby Fallbrook, CA 92028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$100.00	If loan, enter interest rate, if any _____%
6/3/2017	Jamie R. Little El Cajon, CA 92019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$100.00	If loan, enter interest rate, if any _____%
6/4/2017	Ty D. Ouren Oceanside, CA 92058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Electronics Technician US Navy	\$100.00	If loan, enter interest rate, if any _____%
6/3/2017	Keith Robison Castaic, CA 91384	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Network Sup Lockheed	\$100.00	If loan, enter interest rate, if any _____%
6/3/2017	Donald Santamaria San Diego, CA 92131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$100.00	If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 496 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC
 866/275-3772